

RESEARCH ARTICLE

EXPLORING THE MOLECULAR MECHANISMS OF ANGIOGENESIS IN CANCER

Sri Sai Priya Avuthu, Hari Sai Ram Angirekula, Geethika Chowdary Vallepalli, Lakshmiranga Sai Dheeraj Ponnada, Jayanth Nimmagadda, Praveen Kumar Duggipogu and Praveen Kumar Vemuri Department of Biotechnology, Koneru Lakshmaiah Education Foundation, Guntur, Andhra Pradesh, India.

Department of Diotechnology, Rohert Daksinnaran Education Foundation, Ountar, Fundation, Fundation,

Manuscript Info

Abstract

..... Manuscript History Cancer is a complex disease characterized by the proliferation of faulty Received: 05 April 2023 cells without apparent relation to the physiological organ. It is a multi-Final Accepted: 10 May 2023 factorial, multi-staged, and multi-mechanistic process that involves Published: June 2023 interactions between environmental and host factors throughout its inception, progression, and manifestation. Inherited genetic Key words:predispositions contribute significantly to 5-10 percent of breast cancer Etiology, Epidemiology, Cancer. and 5-13 percent of colon cancer cases. In industrialized nations, Angiogenesis, MMP, Hypoxia approximately 7 percent of cancer deaths are attributed to viral infections, 4 percent to occupational hazards, 2 percent to sunlight exposure, 2 percent to air, water, and soil pollution, and less than 1 percent to food components and industrial products. This review provides a comprehensive overview of the current research on the micro-metastatic state in solid tumors.

Copy Right, IJAR, 2023,. All rights reserved.

.....

Introduction:-

Many chemical and bodily cancer agents can set off one or extra of a variety of mutations in cells when given chronically[1]. A desirable variety of most cancers causing chemical substances are man-made and used either as business dealers, insecticides, pharmaceutical chemical substances or as meals components[2]. Carcinogens are extremely diverse systems and include each natural and synthetic product[3]. All chemical carcinogens are surprisingly reacting electrophiles that react with the electron wealthy atoms like RNA, DNA and protein[4]. Metals inclusive of arsenic and arsenic compounds, chromium, nickel, cadmium, and beryllium can result in the improvement of lung cancer and prostate most cancers[5]. Physical carcinogens along with X-ray and UV ray may additionally purpose the formation of pyrimidine dimmers, apurinic web sites with consequent smash in DNA and formation of loose radicals, which motive destroy, leading to somatic mutations[6]. A big number of DNA and RNA viruses have proved to be oncogenic in animals, while only some viruses related to human cancer[7]. The most lifestyles-threatening aspects of the oncogenic procedure is metastasis[8]. Even although the clinical significance of such expression of the malignant phenotype has been well appreciated, advances in know-how the molecular mechanisms involved in metastasis have lagged in the back of different trends within the cancer subject [Figure 1] [9].

Corresponding Author:- Praveen Kumar Vemuri Address:- Department of Biotechnology, Koneru Lakshmaiah Education Foundation, Guntur, Andhra Pradesh, India.



Small Localized tumourTumour that can grow and spreadFigure 1:- Tumors induce blood vessel growth in promoting angiogenesis.

Matrix Metalloproteinases:

Matrix metalloproteinases (MMPs), are a family of related zinc metalloendopeptidases that function in the turnover of components of the extracellular matrix [10]. These enzymes play a central role in the normal embryogenesis and tissue remodeling and in many diseases such as arthritis, cancer, periodontitis, glomerulonephritis, encephalomyelitis, atherosclerosis and tissue ulceration [11]. Tissue inhibitors of metalloproteinases (TIMPs) are the principle physiologic inhibitors of the MMPs [12]. TIMPS are secreted proteins that complex with character MMPs and regulate the pastime of person MMPs [13]. Together, the MMPs and TIMPs shape a complex organic gadget strictly controlling degradation of extracellular matrix [14]. The MMPs and TIMPs have an extensive position in facilitating tumor invasion and metastasis, no longer most effective through their direct function in degrading extracellular matrix but also by way of interaction with other biological structures implicated in tumor invasion, such as cell adhesion molecules, cytoskeletal proteins and boom elements[15].

TIMP-1 AND 2:

TIMP-1 mRNA expression is up-regulated in many human cancer sorts and in a few instances correlates with greater severe clinical outcome eg, colorectal carcinoma, non-small cell lung carcinoma and breast carcinoma [16]. Studies in experimental mouse fashions have revealed sarcastically that TIMP-1 can show off proneoplastic and antineoplastic effects at some stage in number one and metastatic tumor improvement [17]. TIMP-2 is a multifunctional inhibitor of angiogenesis, tumor boom and tumor invasion [18]. These techniques involve not handiest tumor cells themselves however additionally the modulation of complex tumor-host interactions [19]. Because the host reaction to the tumor microenvironment can act both to facilitate or to inhibit tumor invasion and spread, manipulating those host reaction elements has grown to be a prime focus of novel anticancer strategies [20]. Although TIMP-2 can block the action of MMPs, it is able to also depend on MMP-unbiased mechanisms that modulate tumor-host interactions [21]. TIMP-2 has an immediate position in regulating tyrosine kinase-type growth issue receptor activation [22].

Angiogenesis:

Angiogenesis, the formation of new capillaries, is many of the key occasions in numerous detrimental pathologic procedures, inclusive of tumor growth, metastasis, arthritis and so on as well as in physiologic tactics, like organ growth and development, wound recovery and reproduction [23]. Blood vessels represent the first organ in the embryo and form the biggest network in our body however unluckily also are often lethal [24]. When disregulated, the formation of recent blood vessels contributes to severe malignant, ischemic, inflammatory, infectious and immune disorders [26]. Molecular insights into these procedures are being generated at unexpectedly increasing pace, imparting new therapeutic opportunities which are currently being evaluated [27].

Tumor Growth And Metastasis:

Angiogenesis is needed for invasive tumor growth and metastasis and constitutes a vital point within the manipulate of cancer development [27]. For tumors to broaden in length and reach metastatic ability they have to make an angiogenic switch via perturbing the nearby stability of proangiogenic and antiangiogenic factors [28]. Tumors that have become neovascularized frequently express increased ranges of proangiogenic proteins, along with vascular endothelial increase factor (VEGF) and simple fibroblast boom factor (bFGF) [29]. The expression of proangiogenic

proteins may be brought on by numerous elements, including hypoxia, activation of oncogenes or inactivation of tumor suppressor genes [30]. In some tumors, the angiogenic transfer is the end result of down law of antiangiogenic elements [31]. In most grownup tissues, the stability between proangiogenic and anti-angiogenic signaling favors vasculature [32]. In a few instances, however, proangiogenic activities prevail, ensuing inside the tumor vascularization and metastatic growth [33]. Two general techniques have been used inside the development of antiangiogenic dealers: inhibition of proangiogenic issue and therapy with endogenous inhibitors of angiogenesis [34].

Vascular Endothelial Growth Element:

Solid tumors are multi compartmentalized systems, consisting of three major compartments: cancer and stromal cells, the extracellular matrix (ECM), and the vasculature [35]. The volumes of each of these components vary relying at the foundation and length of the tumor and the organ in which primary tumor develops [36]. Tumors require vasculature to benefit get entry to oxygen and other nutrients, permitting boom and metastasis [37]. VEGF (vascular endothelial growth factor) has been shown to be one of the most potent angiogenic factors produced through tumor cells [38]. It binds to endothelial cell surface receptors and turns on numerous functions of the mobile, which includes angiogenesis [39]. VEGF, also referred to as vascular permeability element (VPF or VEGFA) is the critical and significant regulator of angiogenesis [40]. The other participants of the VEGF own family, VEGF-B, VEGF-C, VEGF-D and PIGF also play a position in angiogenesis [41]. It can up-modify expression of adhesion molecules on vascular endothelium [42] [Figure 2].



Figure 2:- Role of MMPs in tumor growth and progression to angiogenesis [43].

Role Of Hypoxia:

Beyond a certain length, easy diffusion of oxygen to metabolizing tissues turns into inadequate [44]. Tumor improvement paperwork, the growing metabolic demands of the developing mass of cells [45]. Many tumors broaden a critically hypoxic microenvironment and secrete angiogenesis-stimulating elements such set off platelet-derived increase aspect and VEGF [46]. In tumors, VEGF expression is enhanced in zones surrounding necrotic foci, suggesting a mechanism by way of which a hypoxic micro- environment may stimulate tumor angiogenesis [47]. By activation of the hypoxia-inducible aspect (HIF) family of genes, which cod for heterodimeric fundamental helix-loop-helix proteins composed of and D subunits. HIF-1s: is synthetic inside the cytoplasm of cells but is swiftly degraded below normoxia, however, the intracellular content of HIF-1< increases straight away after a lower in oxygen anxiety [48]. HIF-1g is a transcription component that mediates hypoxic caused responses, consisting of apoptosis and VEGF gene law [49]. Hence; the oxygen availability is an essential regulator of tumor angiogenesis [50].



Figure 3:- Role of hypoxia in cancer, Image adopted from Trends in Cancer.

T-Lymphocytes:

CTLs offer effective antitumor immunity in host. CTLs may additionally carry out a surveillance characteristic by using spotting and killing doubtlessly malignant cells that express peptides which might be derived from mutant mobile or oncogenic viral proteins which are presented in affiliation with class I MHC molecules [51]. Role of NK cells and macrophages NK cells can be activated through direct recognition of tumor or on account of cytokines produced by way of tumor-particular T lymphocytes [52]. Recognition of tumor cells by means of NK cells is not MCH constrained [53]. In some cases, Fc receptors on NK cells can bind to antibody-covered tumor cells main to antibody dependent mobile cytotoxicity (ADCC) [54]. Numerous observations suggest that activated macrophages additionally play a giant role inside the immune responses to tumors by means of releasing lysosomal enzymes, reactive oxygen metabolites or with the aid of generating TNF-a [55]. Macrophages additionally specific Fc receptors permitting them to mediate ADCC [56]. Activated macrophages secrete TNF-a that has powerful antitumor interest [57]. Role of immune device in tumor improvement- immune surveillance Host affords both humoral and cellular mediated immune responses to tumor antigens and tested to be effective inside the immune destruction of tumors [58]. A range of tumors have been shown to induce tumor-unique cytotoxic-T lymphocytes (CTLs) [59]. The essential effectors consist of herbal killer cells, macrophages and tumor unique antibodies [60]. T-Lymphocytes CTLs provide effective anti-tumor immunity in host [61]. CTLs may additionally perform a surveillance characteristic through spotting and killing probably malignant cells that specific peptides that are derived from mutant cell or oncogenic viral proteins which can be offered in association with elegance I MHC molecules [62].

Role Of Nk Cells And Macrophages:

NK cells can be activated through direct popularity of tumor or as a result of cytokines produced by means of tumorunique T lymphocytes [63]. Recognition of tumor cells by way of NK cells isn't MCH restricted [64]. In some instances, Fc receptors on NK cells can bind to antibody-covered tumor cells leading to antibody based cellular cytotoxicity [65]. Numerous observations imply that activated macrophages additionally play a considerable function in the immune responses to tumors via releasing lysosomal enzymes, reactive oxygen metabolites or by means of producing TNF-a [66]. Macrophages also specific Fc receptors enabling them to mediate ADCC [67]. Activated macrophages secrete TNF-a that has potent antitumor pastime [68].

ADCC:

In Antibody Dependent Cell Cytotoxicity (ADCC), the goal tumor cells, which might be coated with 1gG antibodies, are selectively lysed by using killer cells, a unique sort of lymphomonocytic cellular [69]. Several oneof-a-kind leukocyte populations like neutrophils, eosinophils, mononuclear phagocytes and NK cells are able to lysing the target cells [70]. Recognition of certain antibody takes place through a low affinity receptor for Fcy on the leukocyte, referred to as FcyRIII or CD16 [71]. The antibody molecule presents the specific popularity signal whilst the in any other case quiescent and nonspecific effector cells are directed to the goal cells to offer the cytotoxic occasion [72].



Figure 4:- Role of immune cells in promotion and inhibition of cancer, Image adopted from AJPS.

Tumor Escape Mechanism:

Malignant tumors may also specific protein antigens, that are diagnosed as overseas by way of the tumor host, and even though immunosurveillance may also restrict the outgrowth of some tumors, it is clean that the immune gadget frequently does no longer save you the incidence of human deadly cancers [73]. It can be because of the rapid growth and spread of a tumor overwhelms the effector mechanism of the immune responses [74]. The lack of ability of the host to expand an effective immune reaction has additionally been proven in several classes [75]. The method of tumor breaks out may be a result of numerous mechanisms as given below [76]. A) Class I MHC expression can be down regulated on tumor cells, that is required for CTL recognition [77]. B) Tumor products might also suppress antitumor immune responses (eg, TGF-P) [78]. C) Loss of floor expression of tumor antigens [80]. D) Tumor surface antigens can be hidden from the immune machine [81].

Cytokines:

Cytokines are small secreted proteins which mediate and regulate immunity, infection, and hematopoiesis [82]. They are small, structural proteins with molecular weights starting from 8 KD to forty KD [83]. They act via binding to unique membrane receptors, which then sign the cellular via 2nd messengers, regularly tyrosine kinases, to regulate its conduct (gene expression) [84]. Responses to cytokines include growing or reducing expression of membrane

proteins (along with cytokine receptors), proliferation, and secretion of effector molecules [85]. Cytokines are endogenous immunostimulatory proteins [86]. Cytokines play a critical position in tumor metastasis [87]. Some of the cytokines may additionally inhibit tumor increase through interfering with host tumor dating for example by means of inhibiting tumor angiogenesis and modulation of greater cellular matrix [88].

Conclusion:-

Abnormalities in apoptosis have been implicated as a cause or contributing factor in a variety of diseases. Inhibition of apoptosis can promote neoplastic transformation, particularly when combined with dysregulated cell cycle control. It can also affect the response of tumor cells to anti-cancer therapies. Understanding the regulators of apoptosis, such as activators and inhibitors of cellular death proteases called caspases, is important for developing potential treatments for these diseases. Apoptosis can be triggered by various stimuli, including ionizing radiation, glucocorticoids, chemotherapeutic agents, deprivation of lymphokines (cell signaling molecules), and various oxidants. While the specific triggers for apoptosis is a fundamental process that is essential for normal development, tissue homeostasis, and the elimination of damaged or unwanted cells. Dysregulation of apoptosis can have significant implications for various diseases, making it an important area of study in biomedical research.

Refrences:-

1. Loeb LA, Loeb KR, Anderson JP. Multiple mutations and cancer. Proceedings of the National Academy of Sciences. 2003 Feb 4;100(3):776-81.

2. Khansari N, Shakiba Y, Mahmoudi M. Chronic inflammation and oxidative stressas a major cause of age-related diseases and cancer. Recent patents on inflammation; allergy drug discovery. 2009 Jan 1;3(1):73-80.

3. Belpomme D, Irigaray P, Hardell L, Clapp R, Montagnier L, Epstein S, Sasco AJ.The multitude and diversity of environmental carcinogens. Environmental research.2007 Nov 1;105(3):414-29.

4. Groeger AL, Freeman BA. Signaling actions of electrophiles: anti-inflammatorytherapeutic candidates. Molecular interventions. 2010 Feb;10(1):39.

5. Boffetta P, Fontana L, Stewart P, Zaridze D, Szeszenia-Dabrowska N, Janout V,Bencko V, Foretova L, Jinga V, Matveev V, Kollarova H. Occupational exposure toarsenic, cadmium, chromium, lead and nickel, and renal cell carcinoma: acase–control study from Central and Eastern Europe. Occupational and environmentalmedicine. 2011 Oct 1;68(10):723-8.

6. Dahlmann HA, Vaidyanathan VG, Sturla SJ. Investigating the biochemical impactof DNA damage with structurebased probes: abasic sites, photodimers, alkylationadducts, and oxidative lesions. Biochemistry. 2009 Oct 13;48(40):9347-59.

7. Butel JS. Viral carcinogenesis: revelation of molecular mechanisms and etiology ofhuman disease. Carcinogenesis. 2000 Mar 1;21(3):405-26.

8. Vemuri PK, Nimmagadda G, Bodiga S, Bodiga VL, Veeravilli S, Rao KS. Immunesurveillance of tumor milieu during angiogenesis.(2021). Int. J. Life Sci. PharmaRes.;11(1):102-6.

9. Golemis EA, Scheet P, Beck TN, Scolnick EM, Hunter DJ, Hawk E, Hopkins N.Molecular mechanisms of the preventable causes of cancer in the United States.Genes; development. 2018 Jul 1;32(13-14):868-902.

10. Stamenkovic I. Extracellular matrix remodelling: the role of matrixmetalloproteinases. The journal of Pathology: a Journal of the Pathological Society of Great Britain and Ireland. 2003 Jul;200(4):448-64.

11. Mastroianni CM, Liuzzi GM. Matrix metalloproteinase dysregulation in HIVinfection: implications for therapeutic strategies. Trends in molecular medicine. 2007Nov 1;13(11):449-59.

12. Bode W, Maskos K. Structural basis of the matrix metalloproteinases and their physiological inhibitors, the tissue inhibitors of metalloproteinases. Biol Chem. 2003 Jun;384(6):863-72.

13. Tam EM. Matrix metalloproteinase substrate recognition, characterization and proteomic discovery (Doctoral dissertation, University of British Columbia).14. El-Khassawna T. Cellular and molecular analysis of fracture healing in aneurofibromatosis type 1 conditional knockout mice model.

15. Stamenkovic I. Extracellular matrix remodelling: the role of matrixmetalloproteinases. The journal of Pathology: a Journal of the Pathological Society of Great Britain and Ireland. 2003 Jul;200(4):448-64.

16. Yang X. Invasiveness and regulation of MMP-2 and MMP-9 expression inpancreatic tumor cell line SUIT-2 and its sublines. Medical College of Ohio; 2000.

17. Tan HT, Tan S, Lin Q, Lim TK, Hew CL, Chung MC. Quantitative and temporal proteome analysis of butyrate-treated colorectal cancer cells. Mol Cell Proteomics. 2008 Jun;7(6):1174-85.

18. Xu T, Yu S, Zhang J, Wu S. Dysregulated tumor-associated macrophages incarcinogenesis, progression and targeted therapy of gynecological and breast cancers. Journal of hematology; oncology. 2021 Dec;14(1):1-20.

19. Feldman AL, Stetler-Stevenson WG, Costouros NG, Knezevic V, Baibakov G,Alexander HR, Lorang D, Hewitt SM, Seo DW, Miller MS, O'Connor S. Modulationof tumor-host interactions, angiogenesis, and tumor growth by tissue inhibitor ofmetalloproteinase 2 via a novel mechanism. Cancer research. 2004 Jul 1;64(13):4481-6.

20. Shishir TA, Khan RI, Nirzhor SS. The critical role of tumor microenvironment incancer evolution and metastasis. Int. J. Bus. Res. 2018;9:244-58.

21. Stetler-Stevenson WG, Seo DW. TIMP-2: an endogenous inhibitor ofangiogenesis. Trends in molecular medicine. 2005 Mar 1;11(3):97-103.

22. Wesolowski SR, Allan MF, Nielsen MK, Pomp D. Evaluation of hypothalamicgene expression in mice divergently selected for heat loss. Physiological genomics.2003 Apr 16;13(2):129-37.

23. Kaur M. TARGETING ANGIOGENESIS: AN OVERVIEW. ISSN 0975-5241 ICValue of Journal: 4.18. 2012 Aug 28;4(16).

24. Vemuri PK, Nimmagadda G, Bodiga S, Bodiga VL, Veeravilli S, Rao KS.Immune surveillance of tumor milieu during angiogenesis.(2021). Int. J. Life Sci.Pharma Res.;11(1):102-6.

25. Carmeliet P. Angiogenesis in health and disease. Nature medicine. 2003Jun;9(6):653-60.

26. Keefe AD, Pai S, Ellington A. Aptamers as therapeutics. Nature reviews Drugdiscovery. 2010 Jul;9(7):537-50.

27. Weis SM, Cheresh DA. Tumor angiogenesis: molecular pathways and therapeutictargets. Nature medicine. 2011 Nov;17(11):1359-70.

28. Bonacina E, Mendoza M, Farràs A, Garcia-Manau P, Serrano B, Hurtado I, Ferrer-Oliveras R, Illan L, Armengol-Alsina M, Carreras E. Angiogenic factors for planning fetal surveillance in fetal growth restriction and small-for-gestational-age fetuses: A prospective observational study. BJOG. 2022 Oct;129(11):1870-1877.

29. Grazul-Bilska AT, Johnson ML, Bilski JJ, Redmer DA, Reynolds LP, AbdullahA, Abdullah KM. Wound healing: the role of growth factors. Drugs Today (Barc).2003 Oct 1;39(10):787-800.

30. Maxwell PH, Pugh CW, Ratcliffe PJ. Activation of the HIF pathway in cancer.Current opinion in genetics & amp; development. 2001 Jun 1;11(3):293-9.

31. Pakravan K, Babashah S, Sadeghizadeh M, Mowla SJ, Mossahebi-MohammadiM, Ataei F, Dana N, Javan M. MicroRNA-100 shuttled by mesenchymal stem cell-derived exosomes suppresses in vitro angiogenesis through modulating themTOR/HIF-1 α /VEGF signaling axis in breast cancer cells. Cellular oncology. 2017Oct;40(5):457-70. 32. Folkman J. Role of angiogenesis in tumor growth and metastasis. InSeminars inoncology 2002 Dec 16 (Vol. 29, No. 6, pp. 15-18). WB Saunders.

33. Griffioen AW, Molema G. Angiogenesis: potentials for pharmacologicintervention in the treatment of cancer, cardiovascular diseases, and chronicinflammation. Pharmacological reviews. 2000 Jun 1;52(2):237-68.

34. Thomas JA, Gireesh AGM, Xavier H, Suboj P, Ladha A, Gupta G, Singh SK, Palit P and Babykutty S (2023) Enhancement of immune surveillance in breast cancer by targeting hypoxic tumor endothelium: Can it be an immunological switch point? Front. Oncol. 13:1063051.

35. Jain RK. Tumor angiogenesis and accessibility: role of vascular endothelialgrowth factor. InSeminars in oncology 2002 Dec 16 (Vol. 29, No. 6, pp. 3-9). WBSaunders.

36. Bi WL, Hosny A, Schabath MB, Giger ML, Birkbak NJ, Mehrtash A, Allison T, Arnaout O, Abbosh C, Dunn IF, Mak RH. Artificial intelligence in cancer imaging:clinical challenges and applications. CA: a cancer journal for clinicians. 2019Mar;69(2):127-57.

37. Banerjee S, Dowsett M, Ashworth A, Martin LA. Mechanisms of disease:angiogenesis and the management of breast cancer. Nature clinical practice Oncology.2007 Sep;4(9):536-50.

38. Borre M, Nerstrøm B, Overgaard J. Association between immunohistochemicalexpression of vascular endothelial growth factor (VEGF), VEGF-expressingneuroendocrine-differentiated tumor cells, and outcome in prostate cancer patientssubjected to watchful waiting. Clinical Cancer Research. 2000 May 1;6(5):1882-90.

39. Funasaka T, Raz A, Nangia-Makker P. Galectin-3 in angiogenesis and metastasis.Glycobiology. 2014 Oct 1;24(10):886-91.

40. Takahashi H, Shibuya M. The vascular endothelial growth factor (VEGF)/VEGFreceptor system and its role under physiological and pathological conditions. Clinicalscience. 2005 Sep 1;109(3):227-41.

41. Hoeben AN, Landuyt B, Highley MS, Wildiers H, Van Oosterom AT, De BruijnEA. Vascular endothelial growth factor and angiogenesis. Pharmacological reviews.2004 Dec 1;56(4):549-80.

42. Han C. AI-Guided Adaptive Multiscale Modeling of Platelets (Doctoraldissertation, State University of New York at Stony Brook).

43. Devy L, Huang L, Naa L, Yanamandra N, Pieters H, Frans N, Chang E, Tao Q, Vanhove M, Lejeune A, van Gool R. Selective inhibition of matrix metalloproteinase-14 blocks tumor growth, invasion, and angiogenesis. Cancer research. 2009 Feb15;69(4):1517-26.

44. Semaan A, Munkarah AR, Arabi H, Bandyopadhyay S, Seward S, Kumar S, QaziA, Hussein Y, Morris RT, Ali-Fehmi R. Expression of GLUT-1 in epithelial ovariancarcinoma: correlation with tumor cell proliferation, angiogenesis, survival and abilityto predict optimal cytoreduction. Gynecologic oncology. 2011 Apr 1;121(1):181-6. 45. Pugh CW, Ratcliffe PJ. Regulation of angiogenesis by hypoxia: role of the HIFsystem. Nature medicine. 2003 Jun;9(6):677-84.

46. Li S, Xu HX, Wu CT, Wang WQ, Jin W, Gao HL, Li H, Zhang SR, Xu JZ, QiZH, Ni QX. Angiogenesis in pancreatic cancer: current research status and clinicalimplications. Angiogenesis. 2019 Feb;22(1):15-36.

47. Brat DJ, Van Meir EG. Vaso-occlusive and prothrombotic mechanisms associated with tumor hypoxia, necrosis, and accelerated growth in glioblastoma. Laboratory investigation. 2004 Apr;84(4):397-405.

48. Liu ZJ, Semenza GL, Zhang HF. Hypoxia-inducible factor 1 and breast cancer metastasis. J Zhejiang Univ Sci B. 2015 Jan;16(1):32-43.

49. Del Bo R, Scarlato M, Ghezzi S, Martinelli Boneschi F, Fenoglio C, Galbiati S, Virgilio R, Galimberti D, Galimberti G, Crimi M, Ferrarese C. Vascular endothelial growth factor gene variability is associated with increased risk for AD. Annals of neurology. 2005 Mar;57(3):373-80.

50. Pugh CW, Ratcliffe PJ. Regulation of angiogenesis by hypoxia: role of the HIFsystem. Nature medicine. 2003 Jun;9(6):677-84.

51. Sessa WC, Harrison JK, Luthin DR, Pollock JS, Lynch KR. Genomic analysis and expression patterns reveal distinct genes for endothelial and brain nitric oxide synthase. Hypertension. 1993 Jun;21(6_pt_2):934-8.

52. Qin M, Wang D, Fang Y, Zheng Z, Liu X, Wu F, Wang L, Li X, Hui B, Ma S, Tang W. Current Perspectives on B Lymphocytes in the Immunobiology of Hepatocellular Carcinoma. Frontiers in Oncology. 2021;11.

53. Ali H. SCUBE2, vascular endothelium, and vascular complications: A systematic review. Biomedicine & Pharmacotherapy. 2020 Jul 1;127:110129.

54. Wagner AK, Alici E, Lowdell MW. Characterization of human natural killer cellsfor therapeutic use. Cytotherapy. 2019 Mar 1;21(3):315-26.

55. Al-Sarireh B, Eremin O. Tumour-associated macrophages (TAMS): disorderedfunction, immune suppression and progressive tumour growth. Journal of the RoyalCollege of Surgeons of Edinburgh. 2000 Feb 1;45(1).

56. Gordan S, Biburger M, Nimmerjahn F. bIgG time for large eaters: monocytes andmacrophages as effector and target cells of antibody- mediated immune activationand repression. Immunological reviews. 2015 Nov;268(1):52-65.

57. Schirrmacher V, Bai L, Umansky V, Yu LI, Xing YO, Qian ZH. Newcastledisease virus activates macrophages for anti-tumor activity. International journal ofoncology. 2000 Feb 1;16(2):363-436.

58. Bolhassani A, Safaiyan S, Rafati S. Improvement of different vaccine deliverysystems for cancer therapy. Molecular cancer. 2011 Dec;10(1):1-2.

59. Kalinski P, Urban J, Narang R, Berk E, Wieckowski E, Muthuswamy R. Dendriticcell-based therapeutic cancer vaccines: what we have and what we need.

60. Lull C, Wichers HJ, Savelkoul HF. Antiinflammatory and immunomodulatingproperties of fungal metabolites. Mediators of inflammation. 2005 Jun 9;2005(2):63-80.

61. Rodriguez GM, Bobbala D, Serrano D, Mayhue M, Champagne A, Saucier C,Steimle V, Kufer TA, Menendez A, Ramanathan S, Ilangumaran S. NLRC5 elicitsantitumor immunity by enhancing processing and presentation of tumor antigens toCD8+ T lymphocytes. Oncoimmunology. 2016 Jun 2;5(6):e1151593.

62. Shoshan SH, Admon A. MHC-bound antigens and proteomics for novel targetdiscovery. Pharmacogenomics. 2004 Oct 1;5(7):845-59.

63. Zeng G. MHC class II–restricted tumor antigens recognized by CD4+ T cells:New strategies for cancer vaccine design. Journal of Immunotherapy. 2001 May1;24(3):195-204.

64. Farag SS, Caligiuri MA. Human natural killer cell development and biology. Blood reviews. 2006 May 1;20(3):123-37.

65. Wagner AK, Alici E, Lowdell MW. Characterization of human natural killer cellsfor therapeutic use. Cytotherapy. 2019 Mar 1;21(3):315-26.

66. Harijith A, Ebenezer DL, Natarajan V. Reactive oxygen species at the crossroadsof inflammasome and inflammation. Frontiers in physiology. 2014 Sep 29;5:352.

67. El Bakkouri K, Descamps F, De Filette M, Smet A, Festjens E, Birkett A, VanRooijen N, Verbeek S, Fiers W, Saelens X. Universal vaccine based on ectodomain ofmatrix protein 2 of influenza A: Fc receptors and alveolar macrophages mediateprotection. The Journal of Immunology. 2011 Jan 15;186(2):1022-31.

68. Grosso JF. MUC1/sec: A secreted alternative splice variant of MUC1 thatpromotes tumor immunity. University of Miami; 2004.

69. Moga E, Alvarez E, Cantó E, Vidal S, Rodríguez-Sánchez JL, Sierra J, Briones J.NK cells stimulated with IL-15 or CpG ODN enhance rituximab-dependent cellularcytotoxicity against B-cell lymphoma. Experimental hematology. 2008 Jan1;36(1):69-77.

70. Shih JP. HotLines. Curr. Opin. Immunol.;12:336-41.

71. Sulica A, Morel R, Metes D, Herberman RB. Ig-binding receptors on human NKcells as effector and regulatory surface molecules. International reviews of immunology. 2001 Jan 1;20(3-4):371-414.

72. Cohen PA, Peng L, Plautz GE, Kim JA, Weng DE, Shu S. CD4+ T cells inadoptive immunotherapy and the indirect mechanism of tumor rejection. CriticalReviews[™] in Immunology. 2000;20(1).

73. Bogen B, Fauskanger M, Haabeth OA, Tveita A. CD4+ T cells indirectly kill tumor cells via induction of cytotoxic macrophages in mouse models. Cancer Immunology, Immunotherapy. 2019 Nov;68:1865-73.

74. Kumar V, Gabrilovich DI. Hypoxia- inducible factors in regulation of immuneresponses in tumour microenvironment. Immunology. 2014 Dec;143(4):512-9.

75. Gellatly SL, Hancock RE. Pseudomonas aeruginosa: new insights intopathogenesis and host defenses. Pathogens and disease. 2013 Apr 1;67(3):159-73.

76. Stephens PJ, Greenman CD, Fu B, Yang F, Bignell GR, Mudie LJ, Pleasance ED, Lau KW, Beare D, Stebbings LA, McLaren S. Massive genomic rearrangementacquired in a single catastrophic event during cancer development. cell. 2011 Jan7;144(1):27-40.

77. Garcia- Lora A, Algarra I, Garrido F. MHC class I antigens, immune surveillance, and tumor immune escape. Journal of cellular physiology. 2003 Jun;195(3):346-55.

78. Mulligan JK, Young MR. Tumors induce the formation of suppressor endothelialcells in vivo. Cancer immunology, immunotherapy. 2010 Feb 1;59(2):267.

79. Bánkfalvi A, Kraßort M, Buchwalow IB, Végh A, Felszeghy E, Piffkó J. Gainsand losses of adhesion molecules (CD44, E- cadherin, and β - catenin) during oralcarcinogenesis and tumour progression. The Journal of Pathology: A Journal of thePathological Society of Great Britain and Ireland. 2002 Nov;198(3):343-51.

80. Bloy N, Garcia P, Laumont CM, Pitt JM, Sistigu A, Stoll G, Yamazaki T, BonneilE, Buqué A, Humeau J, Drijfhout JW. Immunogenic stress and death of cancer cells:contribution of antigenicity vs adjuvanticity to immunosurveillance. Immunologicalreviews. 2017 Nov;280(1):165-74.

81. Arango Duque G, Descoteaux A. Macrophage cytokines: involvement inimmunity and infectious diseases. Frontiers in immunology. 2014 Oct 7;5:491.

82. Zhao JL, Ma C, O'Connell RM, Mehta A, DiLoreto R, Heath JR, Baltimore D.Conversion of danger signals into cytokine signals by hematopoietic stem and progenitor cells for regulation of stress-induced hematopoiesis. Cell stem cell. 2014Apr 3;14(4):445-59.

83. Ryan SM, Mantovani G, Wang X, Haddleton DM, Brayden DJ. Advances inPEGylation of important biotech molecules: delivery aspects. Expert opinion on drugdelivery. 2008 Apr 1;5(4):371-83.

84. Chao MV. Neurotrophins and their receptors: a convergence point for manysignalling pathways. Nature Reviews Neuroscience. 2003 Apr;4(4):299-309.

85. Robertson CA, Evans DH, Abrahamse H. Photodynamic therapy (PDT): a shortreview on cellular mechanisms and cancer research applications for PDT. Journal ofPhotochemistry and Photobiology B: Biology. 2009 Jul 17;96(1):1-8.

86. Guillot L, Balloy V, McCormack FX, Golenbock DT, Chignard M, Si-Tahar M.Cutting edge: the immunostimulatory activity of the lung surfactant protein-Ainvolves Toll-like receptor 4. The Journal of Immunology. 2002 Jun 15;168(12):5989-92.

87. Bussard KM, Gay CV, Mastro AM. The bone microenvironment in metastasis; what is special about bone?. Cancer and Metastasis Reviews. 2008 Mar; 27(1):41-55.

88. Griffioen AW, Molema G. Angiogenesis: potentials for pharmacologicintervention in the treatment of cancer, cardiovascular diseases, and chronicinflammation. Pharmacological reviews. 2000 Jun 1;52(2):237-68.